

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013112</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/17/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MISSION IN HOME HEALTH CARE, LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>190 W BECKS MILL ROAD STE F SALEM, IN 47167</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	<p>INITIAL COMMENTS</p> <p>This visit was for a home health initial federal certification survey.</p> <p>Survey dates: 4/15/2013 - 4/17/2013</p> <p>Facility#: 013112</p> <p>Survey Team: Dawn Snider, RN, PHNS</p> <p>Census Service Type: 10</p> <p>Skilled Patients: 3 Home Health Aide Only Patients: 7 Personal Service Only Patients: 0 Total: 10</p> <p>Sample:</p> <p>RR w HV: 2 RR w/o HV: 5</p> <p>Total RR: 7</p> <p>On 4/15/2013 at 2:55 PM, the patient list evidenced the agency had 3 skilled patients, and 7 non skilled patients. The federal survey was not completed because the agency did not meet the required number of skilled patients. The Indiana State Department of Health acute care supervisor was notified. The owner of the home care agency opted to proceed with an initial state licensure survey.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 29, 2013</p>			G 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.